

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.	PA0291111		
APS ID	1069607		
Authorization ID	1406029		

Applicant Name	ame Ronald A Schwartz		Facility Name	Ronald Schwartz SRSTP		
Applicant Address	1093	Saxonburg Boulevard	Facility Address	1632 County Line Road		
	Saxo	nburg, PA 16056-9133		Brockport, PA 15823		
Applicant Contact	Rona	ld Schwartz	Facility Contact			
Applicant Phone	(724)	766-4450	Facility Phone			
Applicant E Mail	ras03	@comcast.net	Facility E Mail			
Client ID	3719	11	Site ID	857980		
Municipality	Horton Township		County	Elk		
SIC Code	8800		SIC Code	4952		
SIC Description	Privat	te Households	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application Rec	eived	August 3, 2022	WQM Required	pending		
Date Application Accepted August 30, 2022		August 30, 2022	WQM App. No.	2422401		

Summary of Review

No violations are listed. Design is for 400-gpd and 1.1-PPD BOD5 based on 3 bedrooms.

Public Participation

DEP will publish notice of the receipt of the NPDES permit application and a tentative decision to issue the individual NPDES permit in the *Pennsylvania Bulletin* in accordance with 25 Pa. Code § 92a.82. Upon publication in the *Pennsylvania Bulletin*, DEP will accept written comments from interested persons for a 30-day period (which may be extended for one additional 15-day period at DEP's discretion), which will be considered in making a final decision on the application. Any person may request or petition for a public hearing with respect to the application. A public hearing may be held if DEP determines that there is significant public interest in holding a hearing. If a hearing is held, notice of the hearing will be published in the *Pennsylvania Bulletin* at least 30 days prior to the hearing and in at least one newspaper of general circulation within the geographical area of the discharge.

Approve	Deny	Signatures	Date
V		William H. Mentzer	
		William H. Mentzer, P.E.	
		Environmental Engineering Specialist	August 30, 2022
X		Vacant Environmental Engineer Manager	Okay to Draft
		Environmental Engineer Manager	JCD 9/2/2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving	Waters and Water Supply Inform	nation		
Outfall No.	001		Design Flow (MG	SD) <u>0.0004</u>
Latitude DP	41° 16' 35.33"		Longitude DP	78° 44' 50.99"
Latitude NHD	41° 16' 35.46"		Longitude NHD	-78° 44' 50.77"
Quad Name	uad Name Brandy Camp			0816
Wastewater Descript	tion: Treated single residence d	lomestic wa	astes	
Receiving Waters	Unnamed Tributary to Little Toby	Creek	Stream Code	50333
NHD Com ID	102668249		RMI	0.9
Drainage Area	0.07		Yield (cfs/mi ²)	0
Q ₇₋₁₀ Flow (cfs)	0		Q ₇₋₁₀ Basis	_Dry stream
Elevation (ft)	1693.34		Slope (ft/ft)	0.12626
Watershed No.	17-A		Chapter 93 Class.	CWF
Existing Use	statewide		Existing Use Qualifier	none
Exceptions to Use	none		Exceptions to Criteria	none
Comments	Discharge is 0.66 mile above an a	assumed pe	erennial reach.	
Assessment Status	Attaining Use(s)			
Cause(s) of Impairme	ent			
Source(s) of Impairm	nent			
TMDL Status	Final		Name <u>Little Toby Cre</u>	ek
Background/Ambient	t Data	Data Sou	rce	
pH (SU)				
Temperature (°F)				
Hardness (mg/L)				
Other:				_
Nearest Downstream	n Public Water Supply Intake	PA Am W	/ater	
	larion Rivr		•	NA
	3.47	_	` '	34.37

Changes Since Last Permit Issuance: NA

Proposed Effluent Limitations and Monitoring Requirements

The limitations and monitoring requirements specified below are proposed for the draft permit, and reflect the most stringent limitations amongst technology, water quality and BPJ. Instantaneous Maximum (IMAX) limits are determined using multipliers of 2 (conventional pollutants) or 2.5 (toxic pollutants). Sample frequencies and types are derived from the "NPDES Permit Writer's Manual" (362-0400-001), SOPs and/or BPJ.

Outfall 001, Effective Period: Permit Effective Date through Permit Expiration Date.

	Effluent Limitations					Monitoring Requirements		
Parameter	Mass Units (lbs/day) (1)		Concentrations (mg/L)				Minimum (2)	Required
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	Upon Request	Grab
Total Residual Chlorine (TRC)	XXX	XXX	XXX	Report	XXX	XXX	1/month	Grab
BOD5	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection

Other Comments: N/A